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(d)	TRABE	MARMOR	

Docket Number 480048.458

(Face purposed to the Compa								
/Application Number 10/696,536					October 29, 2003			
For COMPOSITIONS CONTAINING PEPTIDE COPPER COMPLEXES AND METALLOPROTEINASE INHIBITORS AND METHODS RELATED THERETO								
Art Unit 1654					Examiner Thomas Sweeney Heard			
This is a request under the reply in the above identified	-	R 1.136(a) to exte	nd the perio	od for f	iling a			
The requested extension ar fee below):	nd fee are as follow	s (check time perio	d desired a	and ent	er the appropriate			
	Fee			Small Entity Fee				
One month (37 CFR 1	I.17(a)(1))	\$120	\$6	30	\$			
Two months (37 CFR	1.17(a)(2))	\$450	\$2	25	\$			
X Three months (37 CF	R 1.17(a)(3))	\$1020	\$5	10	\$ <u>510</u>			
Four months (37 CFR	1.17(a)(4))	\$1590	\$7	95	\$			
Five months (37 CFR	1.17(a)(5))	\$2160	\$10	080	\$			
Applicant claims small e	ntity status. See 3	7 CFR 1.27.						
X A check including the ar	nount of the fee is	enclosed.						
Payment by credit card. Form PTO-2038 is attached.								
			ie					
	The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby a	uthorized to charge	any fees which m	ay be requi	red				
or credit any overpayr	·	count Number <u>19-</u>	<u>1090</u> . I hav	e encl	osed a			
duplicate copy of this		ama muhlia. Caadit e		-4:l	and and ba			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
I am the applicant/invento	or.							
assignee of reco	rd of the entire inter	rest. See 37 CFR	3.71					
Statement und	der 37 CFR 3.73(b)	is enclosed (Form	PTO/SB/9	6).				
attorney or agent of record. Registration No. <u>50,922</u>								
attorney or agent under 37 CFR 1.34.								
Registration	number if acting unde	r 37 CFR 1.34	_•					
Enw	'Wa		I	Februa	ry 17, 2006			
Signat		Date						
Emily W. Wagner				206-622-4900				
Typed or prin	nted name	-	Teleph	one Nu	ımber			
NOTE: Signatures of all the invent	tore or accionage of -	poord of the entire let	araat ar th -!-					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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